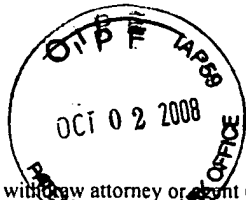


10/798,357



Doc Code: PET.POA.WDRW

PTO/SB/83 (04-08)

Document Description: Petition to withdraw attorney or agent (SB83)

Approved for use through 12/31/2008. OMB 0651-0035  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	Patent #: 7,118,276
	Filing Date	Issued: October 10, 2006
	First Named Inventor	Elyse Clark
	Art Unit	3727
	Examiner Name	J. F. Pascua
	Attorney Docket Number	K8098.0000/P017

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 24998

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)                | <input type="checkbox"/> 10.40(b)(3)                       | <input type="checkbox"/> 10.40(b)(4)     |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii)            | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input checked="" type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)     |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)                | <input type="checkbox"/> 10.40(c)(6) Please explain below: |  |

#### Certifications

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☐ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

We have provided the client with a copy of all correspondence to and from the USPTO. As we remain the attorneys of record for this application until this Request is granted, we have maintained our files. Upon grant of this Request, we will immediately send our files to the client. We have informed our client that the files will be forthcoming upon grant of this Request.

**COMPLETED**



PTO/SB/83 (04-08)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

OR


B. ☒ Inventor or Assignee Name Elyse Clark

Address Kool Wraps, LLC, 3 Glenmor Drive

City Newtown State CT Zip 06470 Country USA

Telephone 203-648-3439 Email

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature 

Name Elizabeth Parsons Registration No. 52,499

Address Dickstein Shapiro LLP  
1825 Eye Street, NW

City Washington State DC Zip 20006-5403 Country US

Telephone (202) 420-2200 Email

Date 10/2/08 Telephone No. (202) 420-2611

NOTE: Withdrawal is effective when approved rather than when received.